

STATEMENT

MEMORIAL HOSPITAL

(BAY COUNTY)
PANAMA CITY, FLORIDADATE Sept 20 1951NAME Mr. Howard J. Carlisle

ADDRESS _____

TELEPHONE _____

ALL BILLS ARE PAYABLE WEEKLY IN ADVANCE

BALANCE—ACCOUNT RENDERED				
FROM	TO	AT \$	PER DAY	
ROOM SERVICE FROM 9-12	TO 9-19	AT \$ 5 ⁰⁰	PER DAY	40 ⁰⁰
SPECIAL NURSES BOARD				
FROM	TO	AT \$	PER DAY	
OPERATING ROOM OR DELIVERY ROOM				
ANESTHESIA				
X-RAY				20 ⁰⁰
LABORATORY				
BLOOD TRANSFUSION SERVICE CHARGE				150
NURSERY				
DRUGS AND MEDICATIONS				32 55
MISCELLANEOUS				
<i>Paid in Advance 2. M. Donald</i>				
TOTAL CHARGES				
<i>OC on oxygen tent</i>				
TOTAL CREDITS				
BALANCE — AMOUNT DUE				
				86 05

SHOULD THIS STATEMENT BE IN ERROR, KINDLY SO ADVISE, THAT WE MAY RECTIFY IT

STATEMENT

MEMORIAL HOSPITAL

(BAY COUNTY)

PANAMA CITY, FLORIDA

DATE

Sept 20 1951

NAME Mrs. Howard Sept 27-ADDRESS Carlele.

TELEPHONE

ALL BILLS ARE PAYABLE WEEKLY IN ADVANCE

BALANCE—ACCOUNT RENDERED				
ROOM SERVICE FROM 9-20 TO 9-27 AT \$ 5 ⁰⁰ PER DAY				
FROM	TO	AT \$	PER DAY	
SPECIAL NURSES BOARD FROM	TO	AT \$	PER DAY	
OPERATING ROOM OR DELIVERY ROOM				
ANESTHESIA				
X-RAY				
LABORATORY				
BLOOD TRANSFUSION SERVICE CHARGE				
NURSERY				
DRUGS AND MEDICATIONS				
MISCELLANEOUS				
TOTAL CHARGES				
TOTAL CREDITS				
BALANCE — AMOUNT DUE				

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